Form **8871**

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Part I General Information Name of organization Employer identification number APPLIED For BILL DODD FOR SUPERVISOR Mailing address (P.O. Box or number, street, and room or suite number) 68-0457057 2160 JEFFERSON STREET SUITE 110 City or town, state, and ZIP code NAPA, CALIFORNIA 94559 E-mail address of organization waterman@interx.net 4a Name of custodian of records 4b Custodian's address JAMES E. TIDGEWELL 2160 JEFFERSON ST, SUITE 110 NAPA CALIFORNIA, 94559 5a Name of contact person 5b Contact person's address WILLIAM H. DODD 7 GLENEAGLE CIRCLE NAPA, CALIFORNIA 94558 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code Part II Purpose Describe the purpose of the organization TO SUPPORT WILLIAM H. DODD'S CAMPAIGN FOR SUPERVISOR OF DISTRICT IV IN NAPA COUNTY CALIFORNIA Part III List of All Related Entities (see instructions) 8a Name of related entity 8b Relationship 8c Address

OGDEN, UT

Part IV List of All Officers, Di a Name	9b Title	ompensated Employees (see instructions) 9c Address
O ONE IS COMPENSATED		
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Revenue Code, and that I have examilit is true, correct, and complete.	ned this notice, including accon	Part I is to be treated as an organization described in section 527 of the Interpanying schedules and statements, and to the best of my knowledge and be 7/28/00 Date
Signature of authorized official	,	Date
e		



RE FORM 8871-Bill Dodd

WE HAVEN OF BEEN REQUIRED TO HAVE A FEIN PRIOR TO THIS FORM B871 FORM - WE CALLED DODEN TO GET FRIN BUT RECORDED MESSAGE SAID APPLY VIA FAX.

IT THES 4-5 DAYS TO OBTAIN. THEREFORE WE WERE UNABLE TO FILE ELECTRONICALLY SINCE INFO WOOLD NOT TRANSPIT WITHOUT FEIN. PLEASE ADVISE US IF YOU LOANT US TO FILE ELECTRONICALLY APPLEN WE OBTAIN FEIN.

Jon-E. Tulgewell Treasun 7/28/0.